

RECEIPT

PATENT
Attorney Docket No. 2110

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

CABRERA et al.

Group Art Unit: 2785

Serial No. 09/360,542

Examiner: Unassigned

Filed: July 26, 1999

For: AUTOMATED SYSTEM
RECOVERY VIA BACKUP AND
RESTORATION OF SYSTEM
STATE



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REQUEST FOR CORRECTED FILING RECEIPT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Attached is a copy of the official filing receipt received from the Patent Office in the above-identified application. Issuance of a corrected filing receipt is respectfully requested.

Applicants submit that there is an error with respect to the first named inventor. The inventor's last name, "CABRERA" was incorrectly entered as "CBRERA." A copy of the Filing Receipt with this correction in red ink is enclosed herewith. The correction is not due to any error by applicants and no fee is due.

Respectfully submitted,

By Albert S. Michalik
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In re Appln. of CABRERA et al.
Serial No. 09/360,542



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CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that this REQUEST FOR CORRECTED FILING RECEIPT is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date shown below:

Date: February 22, 2000 By: Albert S. Michael

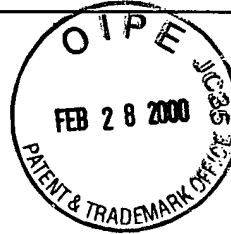
FILING RECEIPT
CORRECTED



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/360,542	07/26/99	2785	\$1,598.00	2110	1	55	4

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) ^{CABRERA} LUIS FELIPE ~~CABRERA~~, BELLEVUE, WA; KARTIK N. RAGHAVAN, SEATTLE, WA; GLENN A. THOMPSON, REDMOND, WA.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/16/99
TITLE
AUTOMATED SYSTEM RECOVERY VIA BACKUP AND RESTORATION OF SYSTEM STATE
PRELIMINARY CLASS: 714

DATA ENTRY BY: EVANS, ELISHA M. TEAM: 04 DATE: 10/26/99

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(See reverse for new important information)

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Bib Data Sheet

**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/360,542	FILING DATE 07/26/1999 RULE -	CLASS 714	GROUP ART UNIT 2785	ATTORNEY DOCKET NO. 2110
APPLICANTS LUIS FELIPE CABRERA, BELLEVUE, WA ; KARTIK N. RAGHAVAN, SEATTLE, WA ; GLENN A. THOMPSON, REDMOND, WA ;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 08/16/1999 -				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY WA	SHEETS DRAWING 10	TOTAL CLAIMS 55
Verified and Acknowledged Examiner's Signature _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS ALBERT S MICHALIK MICHALIK AND WYLIE PLLC SUITE 103 14645 BEL-RED ROAD BELLEVUE, WA 98007				
TITLE AUTOMATED SYSTEM RECOVERY VIA BACKUP AND RESTORATION OF SYSTEM STATE				
FILING FEE RECEIVED 1598	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	